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Washington, D.C. 20231

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7590

03/11/2002

ZACHARY T. WOBENSMITH, III
6091 CARVERSVILLE/WISMER ROAD
POST OFFICE BOX 370
PIPERSVILLE, PA 18947-0370

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ZACHARY T. WOBENSMITH, III	(Depositor's name)
	(Signature)
25 MARCH 2002	(Date)

APPLICATION NO. 09/689,977	FILING DATE 10/13/2000	FIRST NAMED INVENTOR Gary S. Beideman	ATTORNEY DOCKET NO.	CONFIRMATION NO. 8299
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TITLE OF INVENTION: SAFETY ENHANCEMENT DEVICE COMBINATION FOR ELECTRICAL APPARATUS OR APPLIANCES

TOTAL CLAIMS 2	APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FEE \$1280	PUBLICATION FEE \$0	TOTAL FEE(S) DUE \$1280	DATE DUE 06/11/2002
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EXAMINER NGUYEN, PHUONGCHI T	ART UNIT 2833	CLASS-SUBCLASS 439-622000
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- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 ZACHARY T. WOBENSMITH, III
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

LASKO HOLDINGS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

WEBSTER, PA

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

25 MAR 02

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